

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner

IV-D Case:

☐

TANF

☐

IV-E Foster Care

☐

Medicaid Only

☐

Former Assistance

☐

Never Assistance

Non-IV-D Case:

☐

File Stamp

Respondent

To: (Agency Name and Address)

Responding FIPS Code

State

Responding IV-D Case No.

Responding Docket No.

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Iowa IV-D Child Support Recovery Unit

Initiating FIPS Code

State

Initiating IV-D Case No.

Initiating Docket No.

Send Payments To: (if different from above)

Payment FIPS Code

State

Bank Account

Routing Code

Initiating Jurisdiction

☐

URES A

☐

UIFSA

State with Continuing Exclusive Jurisdiction (CEJ)

I. Action1. ☐ Status Request2. ☐ Status Update3. ☐ Notice of Hearing4. ☐ Notice of Case Forwarding5. ☐ Document Filed6. ☐ Order Issued/Confirmed7. ☐ Notice of Arrearage Reconciliation/Determination of Sum-Certain8. ☐ Change of Payee/Redirection of Payment9. ☐ Other

☐ Please Return the Acknowledgment Attached (2 of 2)**II. Additional Information**

Date

Initiating Contact Person (Print or Type)

Telephone Number & Extension

Fax Number